

Department of Accounts

Payroll Bulletin

Calendar Year 2005

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the Payroll
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The Payroll Bulletin is published periodically to provide CIPPS agencies guidance regarding Commonwealth payroll operations. If you have any questions about the bulletin, please call Cathy McGill at (804) 371-7800 or Email at cathy.mcgill@doa.virginia.gov

State Payroll Operations

Director **Lora L. George**

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Optional Group Life Rates Effective 7/1/2005

Optional Group Life Premium Update

Effective July 1, 2005 (July 15, 2005 payday), the Optional Group Life premium rates were reduced to the amounts set forth in the table below. The rates are based on the age of the member or spouse as of January 1, 2005.

On June 29, the Report U024, OPTIONAL GROUP LIFE PREMIUM LISTING, and Report U025, OPTIONAL GROUP LIFE ERROR REPORT, were distributed. Be sure to review these reports thoroughly to ensure all participating employees were included in the rate update processed on June 30.

Questions regarding coverage or premiums should be directed to Joe Chang at Minnesota Life at:

Joe Chang, Richmond Branch Office
joseph.chang@minnesotalife.com
Phone: 1-800-441-2258, ext. 101
Fax: 804-644-2460

Age of Insured Member or Spouse	Current Rate	Rate Effective July 1	Effective Reduction
Under 30	\$.06	\$.06	0%
30-34	.08	.08	0%
35-39	.09	.09	0%
40-44	.11	.10	9.1%
45-49	.17	.15	11.8%
50-54	.34	.24	29.4%
55-59	.59	.49	16.9%
60-64	1.10	1.10	0%
65-69	1.95	1.95	0%
70-74	3.53	3.53	0%
75 & Over	3.76	3.76	0%

Health Insurance Premiums - Leave Without Pay (LWOP)

Replacement LWOP Charts *This data below replaces the LWOP Health Care Tables provided in Bulletin 2005-06 Fiscal Year End. The original tables did not correctly reflect the agency charge amounts. The agency is responsible for paying the entire premium amount and then recovering that cost from the LWOP employee.*

Medical LWOP For employees on LWOP due to medical leave, agency convenience, or layoffs, the employee is responsible for paying the employee share and the agency is responsible for paying the agency share of the healthcare premium. These employees will be identified as being on **Medical LWOP** on the following healthcare schedules.

Other LWOP For employees on LWOP for other reasons (e.g., personal, education), the employee is responsible for the entire healthcare premium. These employees will be identified as being on **Non-Medical LWOP** on the following healthcare schedules.

Employees on Military LWOP should contact DHRM's Office of Health Benefits for guidance.

Continued Coverage For employees on LWOP electing to continue healthcare coverage, the agency is responsible for entering the appropriate Employee Coverage Code on the HMCU1 screen in CIPPS. The agency will then pay the entire healthcare premium every month, with the employee reimbursing the agency for the amount determined by the employee's LWOP type (e.g., Medical or Non-Medical), provider code, and employee coverage code.

LWOP Healthcare Tables On the following LWOP healthcare schedules, the **Agency Payment** refers to the amount initially paid by the agency (i.e. the full premium due) either through payroll deduction or the automated healthcare reconciliation process. **Employee Cost** refers to the amount the LWOP employee will reimburse the agency every month.

COVA Care Basic (BES – CC0)

Provider Code: 42

<u>Employee Coverage Code</u>	<u>Employee Cost (Monthly)</u>		<u>Agency Payment</u>	
	Medical LWOP	Non-Medical LWOP	Semi-Monthly	Monthly
SS - Employee Only	\$36.00	\$376.00	\$188.00	\$376.00
DD - Employee Plus One	\$90.00	\$696.00	\$348.00	\$696.00
FF - Family	\$127.00	\$1,016.00	\$508.00	\$1,016.00
OO - Employee Only - Part Time	\$376.00	\$376.00	\$188.00	\$376.00
TT - Employee Plus One - Part Time	\$696.00	\$696.00	\$348.00	\$696.00
MM - Family - Part Time	\$1,016.00	\$1,016.00	\$508.00	\$1,016.00

COVA Care OON (BES – CC1)

Provider Code: 43

<u>Employee Coverage Code</u>	<u>Employee Cost (Monthly)</u>		<u>Agency Payment</u>	
	Medical LWOP	Non-Medical LWOP	Semi-Monthly	Monthly
SS - Employee Only	\$45.00	\$385.00	\$192.50	\$385.00
DD - Employee Plus One	\$102.00	\$708.00	\$354.00	\$708.00
FF - Family	\$143.00	\$1,032.00	\$516.00	\$1,032.00
OO - Employee Only - Part Time	\$385.00	\$385.00	\$192.50	\$385.00
TT - Employee Plus One - Part Time	\$708.00	\$708.00	\$354.00	\$708.00
MM - Family - Part Time	\$1,032.00	\$1,032.00	\$516.00	\$1,032.00

COVA Care ED (BES – CC2)

Provider Code: 44

<u>Employee Coverage Code</u>	<u>Employee Cost (Monthly)</u>		<u>Agency Payment</u>	
	Medical LWOP	Non-Medical LWOP	Semi-Monthly	Monthly
SS - Employee Only	\$47.00	\$387.00	\$193.50	\$387.00
DD - Employee Plus One	\$112.00	\$718.00	\$359.00	\$718.00
FF - Family	\$161.00	\$1,050.00	\$525.00	\$1,050.00
OO - Employee Only - Part Time	\$387.00	\$387.00	\$193.50	\$387.00
TT - Employee Plus One - Part Time	\$718.00	\$718.00	\$359.00	\$718.00
MM - Family - Part Time	\$1,050.00	\$1,050.00	\$525.00	\$1,050.00

COVA Care OON/ED (BES – CC3)

Provider Code: 45

<u>Employee Coverage Code</u>	<u>Employee Cost (Monthly)</u>		<u>Agency Payment</u>	
	Medical LWOP	Non-Medical LWOP	Semi-Monthly	Monthly
SS - Employee Only	\$56.00	\$396.00	\$198.00	\$396.00
DD - Employee Plus One	\$124.00	\$730.00	\$365.00	\$730.00
FF - Family	\$177.00	\$1,066.00	\$533.00	\$1,066.00
OO - Employee Only - Part Time	\$396.00	\$396.00	\$198.00	\$396.00
TT - Employee Plus One - Part Time	\$730.00	\$730.00	\$365.00	\$730.00
MM - Family - Part Time	\$1,066.00	\$1,066.00	\$533.00	\$1,066.00

COVA Care V/H/ED (BES – CC4)

Provider Code: 46

<u>Employee Coverage Code</u>	<u>Employee Cost (Monthly)</u>		<u>Agency Payment</u>	
	Medical LWOP	Non-Medical LWOP	Semi-Monthly	Monthly
SS - Employee Only	\$55.00	\$395.00	\$197.50	\$395.00
DD - Employee Plus One	\$126.00	\$732.00	\$369.00	\$732.00
FF - Family	\$179.00	\$1,068.00	\$534.00	\$1,068.00
OO - Employee Only - Part Time	\$395.00	\$395.00	\$197.50	\$395.00
TT - Employee Plus One - Part Time	\$732.00	\$732.00	\$369.00	\$732.00
MM - Family - Part Time	\$1,068.00	\$1,068.00	\$534.00	\$1,068.00

COVA Care Full (BES – CC5)

Provider Code: 47

<u>Employee Coverage Code</u>	<u>Employee Cost (Monthly)</u>		<u>Agency Payment</u>	
	Medical LWOP	Non-Medical LWOP	Semi-Monthly	Monthly
SS - Employee Only	\$64.00	\$404.00	\$202.00	\$404.00
DD - Employee Plus One	\$138.00	\$744.00	\$372.00	\$744.00
FF - Family	\$195.00	\$1,084.00	\$542.00	\$1,084.00
OO - Employee Only - Part Time	\$404.00	\$404.00	\$202.00	\$404.00
TT - Employee Plus One - Part Time	\$744.00	\$744.00	\$372.00	\$744.00
MM - Family - Part Time	\$1,084.00	\$1,084.00	\$542.00	\$1,084.00

KAISER PERMANENTE (BES – KP)

Provider Code: 06

<u>Employee Coverage Code</u>	<u>Employee Cost (Monthly)</u>		<u>Agency Payment</u>	
	Medical LWOP	Non-Medical LWOP	Semi-Monthly	Monthly
SS - Employee Only	\$36.00	\$371.00	\$185.50	\$371.00
DD - Employee Plus One	\$89.00	\$686.00	\$343.00	\$686.00
FF - Family	\$125.00	\$1,002.00	\$501.00	\$1,002.00
OO - Employee Only - Part Time	\$371.00	\$371.00	\$185.50	\$371.00
TT - Employee Plus One - Part Time	\$686.00	\$686.00	\$343.00	\$686.00
MM - Family - Part Time	\$1,002.00	\$1,002.00	\$501.00	\$1,002.00